

Statements of Hikmah Gardiner
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Good Afternoon everyone, and thank you for allowing me the time to speak to you about depression.

Depression has been my unwanted companion for at least 60 odd years. We know each other very well. This adversarial relationship has taken me to the very bowels of Hell, which includes several attempts of suicide, my children being taken away from me, two failed marriages, a serious bout of alcoholism, a great low self esteem and personal dignity, and lost relationships with my siblings.

However, I am slowly being restored to sanity and sobriety through treatment and loving family and friends. "Treatment does work", however it can be very costly. Prozac (considered to be an excellent medication for depression) can cost \$212.99 per month, consider, if you will that senior citizens take at least 3 or 4 other medications daily for chronic ailments. There are elders who must decide whether to take medicines, buy food or pay rent. Something is wrong with this equation. My work takes me to places where senior citizens live in nursing homes, personal care boarding homes, senior citizens high rises, and apartments. And I can tell you that I am not a happy camper talking to many of these folks.

And what of Ageism? Will our society continue to look upon our elders as a drain on the local, regional, and national budgets? And lastly, but certainly not least, what is to be done about the undiagnosed, under medicated, the over medicated? Research has shown that too many of our senior citizens are not getting proper treatment for depression. Most of the senior citizens prefer going to their primary care physicians for treatment for depression, yet these doctors know very little about depression, that is not apart of their training.

I have come to you today with a lot of challenges and yes some possible solutions. And if you really want to help us than the following are a few things that are within your power to do:

- A) Work on the Medicare decision.
- B) Get rid of the unfairness of co-pay in physical vs. mental. Medicare folks have to pay 50% for mental care but only have to pay 20% for physical care. They should be the same, 20% (yeah!)
- C) Support out reach programs for senior citizens, as many are too feeble to come to Mental Health Centers, and many are ashamed to do so.
- D) Medicine costs too much (use Medicare to lower the price of prescriptions).
- E) Train primary care physicians on how to treat senior citizens who have depression/ or to make proper referrals.